

Office of the
Chief Administrative Officer
U.S. House of Representatives
Washington, DC 20515-6860

U.S. House of Representatives Employee On-Boarding Process

This page is intended to assist you in completing these forms using the Adobe Reader. The information entered on this page will be propagated to fields on the following forms. If you do not use the Adobe Reader to fill out these forms you can discard all sheets marked "For Information Only" at the bottom of the sheet after you have filled out all of the required forms. If you use the Adobe Reader to fill out the form you have the option to print all of the pages or only the ones that are required for the On-Boarding process.

Name _____
First Middle Last

Social Security Number _____

Date of Birth _____

Address Line 1 _____

Address Line 2 _____

Apartment # _____

City _____ State _____ Zipcode _____

Home Phone Number _____

Office Phone Number _____

Employing Office Name _____

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1)** document title; **2)** issuing authority; **3)** document number, **4)** expiration date, if any; and **5)** the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9 A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, 5 minutes; **2)** completing the form, 5 minutes; and **3)** assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification

To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A_____ <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification.

To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification

To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

OR

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

AND

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

Illustrations of many of these documents appear in **Part 8 of the Handbook for Employers (M-274)**

**U.S. HOUSE OF REPRESENTATIVES
OATH OF OFFICE
PAYROLL AND BENEFITS INFORMATION**

PLEASE USE TYPEWRITER OR PRINT IN INK

A. IDENTIFICATION:

Name: Last-First-Middle

Date of Birth (Month/Day/Year)

Social Security Number

Office Telephone Number (Include Area Code)

Employing Office

Home Telephone Number (Include Area Code)

B. MAILING ADDRESS FOR EARNINGS STATEMENT AND W-2:

IN ORDER TO RECEIVE ANY PAY FOR SERVICES, all new and returning employees, and
employees taking a break in service must complete Parts C through H.

C. OATH OF OFFICE:

I, _____, do solemnly swear (or affirm) that I will support
and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true
faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of
evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter.
So help me God.



Signature (Required for Appointment)

Date

D. BENEFITS DEADLINE ACKNOWLEDGEMENT:

I understand that from the date of my appointment, I must enroll in Health Benefits (SF2809) and Thrift Savings
Plan (TSP-1) within 60 days. Failure to submit these forms will exclude me from enrollment, in most cases, until
Open Season. I have 31 days to elect additional optional life insurance unless a prior election remains in force.
Basic premiums for Life Insurance will be withheld from my pay unless I submit a waiver (SF2817) before the
end of the first pay period. I have 60 days from the date of my appointment to apply for abbreviated
underwriting under the Federal Long Term Care (LTC) Insurance Program.



Signature (Required for Appointment)

Date

E. WORKERS COMPENSATION INFORMATION:



I ☐ have ☐ have not, received or made application for loss wage compensation under the Federal Employees
Compensation Act (job-related injury).

If you have, show: Claim Number _____ Period of Compensation – From: _____ To: _____

(OVER)

SSN: _____

F. PREVIOUS FEDERAL CIVILIAN SERVICE:

1. House of Representatives ☐ Yes ☐ No If Yes, last termination date _____
2. **Other Federal Civilian Service** ☐ Yes ☐ No If Yes, last termination date _____
3. PLEASE LIST BELOW ALL PRIOR FEDERAL CIVILIAN SERVICE: **Include the Senate, Architect of the Capitol, the District of Columbia or a Non-Appropriated Fund Instrumentality (NAFI). (Do not include unpaid internships). (Do not include Active Duty Military Service - See Section 5 below).**

Department or Agency	Date Appointed	Date Separated

Last Personnel Office Phone Number _____

4. While employed as above, my benefits status was:

- (a) Federal Employees' Health Insurance: ☐ Enrolled ☐ Code ☐ Not Enrolled ☐ Excluded
- (b) Federal Employees' Life Insurance: ☐ Basic ☐ A ☐ B ☐ C ☐ x Times ☐ Waived ☐ Did You Port Option B? ☐ Y ☐ N ☐ Excluded
- (c) Do you have a FEGLI court order on file? ☐ Yes ☐ No
- (d) Covered by: ☐ FICA ☐ FICA/FERS ☐ FICA/CSR Offset ☐ CSR only
- Transfer to FERS: ☐ Yes ☐ No
- Thrift Savings Plan employee contribution: \$ _____ or _____ %
- TSP 50+ Catchup Contribution \$ _____
- Do you have a current TSP Loan? ☐ Yes ☐ No If Yes, loan payment amount _____
- (e) Refund of CSR contributions: ☐ Yes ☐ No Date of Refund: _____
- (f) Federal Long Term Care (LTC) Program

If you currently have LTC and are paying by payroll deduction, the House does not currently provide payroll deduction option for this benefit and your must arrange for an alternative form of payment.

5. **Active Military Service - Branch:** _____ From: _____ To: _____(a) Are you returning from Active Military Service which interrupted your Federal Civilian Service? ☐ Y ☐ N

6. Other Names Used (if different from your present signature): _____

7. I took a Voluntary Separation Incentive. ☐ Yes ☐ No**G. PENSION BENEFITS:**I ☐ am ☐ am not, receiving a pension annuity, or retired pay from the United States Government. (If Yes, please furnish source and claim number below.) **Type of Payment:**

- ☐ Civil Service/FERS: Claim Number _____ Retirement Date _____
- ☐ Alternative Form of Annuity (AA) Lump Sum
- ☐ Military Retiree's Pay-Branch of Service _____ Rank _____ Retirement Date _____
- ☐ Veteran's Benefit: Combat Related ☐ Yes ☐ No
- ☐ Social Security ☐ Foreign Service ☐ CIA ☐ DC Police or Firefighter's Benefit ☐ Other _____

H. CERTIFICATION:

I certify, under penalty of law, that the information provided above is correct and complete.

**Signature** (Required for appointment) _____

Date _____

EMPLOYEE SERVICES USE ONLY

Life Insurance: Basic Opt. A Opt. B _____ (x times) Opt. C _____ (x times) Waiver Excluded

FICA FERS CSR/OFFSET CSR Transfer Prior Agency Service Pension Plan

TSP _____ % or \$ _____ TSP Loan Pmt. \$ _____ TSP 50+ Catch-up \$ _____

Status Code _____ Status Date _____ SCD _____ Eligibility Date _____

Employee's Withholding Allowance Certificate
2006 Substitute Form W-4

Employer identification number: 53-6002523 F

U. S. House of Representatives
Office of Finance & Procurement
Employee Services
Washington, DC 20515

NAME

Last

First

Middle

If your last name differs from that on your social security card, call 1-800-772-1213.

ADDRESS

SOCIAL SECURITY NUMBER

FEDERAL TAX WITHHOLDING

Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single block.*

Total number of allowances you are claiming

.

Additional amount, if any, you want deducted from each paycheck

.

\$

I claim exemption from withholding for 2006 and I certify that I meet of the following conditions for exemption:

- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here > > > > > >

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

SIGNATURE

X

Date

STATE TAX WITHHOLDING

I authorize the following action regarding State Income Tax Withholding:

(1) ☐ Begin Withholding

(2) ☐ Change Existing Deduction

(3) ☐ Stop Withholding

Complete the following information only if Box 1 or 2 is checked above.

STATE: County (Maryland residents only):

Marital Status:

☐ Single

☐ Married

If you are a resident of Connecticut, Georgia or Mississippi and claimed Married, select withholding option to the right that you wish to claim. > > > >

☐

03 - Married Filing Separate

☐

04 - Married Both Spouses Working

☐

05 - Married One Spouse Working

☐

06 - Head of Household

Total number of allowances you are claiming

.

Additional amount, if any, you want deducted from each paycheck

.

\$

SIGNATURE

X

Date

Withholding of State taxes is a voluntary program with the House of Representatives.

However, employees should pay estimated State taxes in accordance with State law (see following sheet or reverse).

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be more accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	E	_____
F	Enter "1" if you have at least \$1,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none">• If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.• If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	H	_____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2006
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		_____
6 Additional amount, if any, you want withheld from each paycheck		6		\$ _____
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		_____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.)		Date		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1 Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) \$
- 2 Enter: $\left\{ \begin{array}{l} \$10,300 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,550 \text{ if head of household} \\ \$5,150 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$
- 4 Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) 5 \$
- 6 Enter an estimate of your 2006 nonwage income (such as dividends or interest) 6 \$
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" 7 \$
- 8 **Divide** the amount on line 7 by \$3,300 and enter the result here. Drop any fraction 8
- 9 Enter the number from the **Personal Allowances Worksheet**, line 1, page 1 9
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

Two-Earner/Two-Job Worksheet (See *Two earners/two jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line 1 on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 1 of this worksheet 4
- 5 Enter the number from line 2 of this worksheet 5
- 6 **Subtract** line 5 from line 4 6
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$
- 8 **Multiply** line 6 by line 7 and enter the result here. This is the additional annual withholding needed 8 \$
- 9 Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 5, page 1. This is the additional amount to be withheld from each paycheck 9 \$

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others				
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above			
\$0 - \$42,000	\$0 - \$4,500	0	\$42,001 and over	32,001 - 38,000	6	\$0 - \$6,000	0			
	4,501 - 9,000	1		38,001 - 46,000	7	6,001 - 12,000	1			
	9,001 - 18,000	2		46,001 - 55,000	8	12,001 - 19,000	2			
	18,001 and over	3		55,001 - 60,000	9	19,001 - 26,000	3			
				60,001 - 65,000	10	26,001 - 35,000	4			
\$42,001 and over	\$0 - \$4,500	0		65,001 - 75,000	11	35,001 - 50,000	5			
	4,501 - 9,000	1		75,001 - 95,000	12	50,001 - 65,000	6			
	9,001 - 18,000	2		95,001 - 105,000	13	65,001 - 80,000	7			
	18,001 - 22,000	3		105,001 - 120,000	14	80,001 - 90,000	8			
	22,001 - 26,000	4		120,001 and over	15	90,001 - 120,000	9			
	26,001 - 32,000	5				120,001 and over	10			

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$500	\$0 - \$30,000	\$500
60,001 - 115,000	830	30,001 - 75,000	830
115,001 - 165,000	920	75,001 - 145,000	920
165,001 - 290,000	1,090	145,001 - 330,000	1,090
290,001 and over	1,160	330,001 and over	1,160

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



STATE TAX WITHHOLDING REGULATIONS.

1. All election authorizations, revocations, or changes for withholding State tax from salaries must be made on the prescribed form issued by the House of Representatives, Office of Finance & Procurement, Employee Services.
2. An employee may have only one request for State withholding in effect at any one time.
3. An employee may not have more than two such requests with respect to different states during any one calendar year.
4. Election for withholding is **optional** and an employee may revoke such election.
5. Election, change, or revocation of State tax withholding is effective on the first day of the month in which the request is processed by the OFP, Employee Services, but in no event later than the first day of the first month beginning after the day on which such election, change, or revocation is received by the OFP, Employee Services, with the following exception: when an employee first receives an appointment, his/her request shall be effective on the day of the appointment if the request is made at that time.

STATE ABBREVIATIONS

(For use in completing State Tax Withholding)

TWO-LETTER STATE ABBREVIATIONS

Alabama.....	AL	Louisiana.....	KY	Oklahoma.....	OK
Alaska.....	AK	Maine.....	ME	Oregon.....	OR
Arizona.....	AZ	Maryland.....	MD	Pennsylvania.....	PA
Arkansas.....	AR	Massachusetts.....	MA	Puerto Rico.....	PR
California.....	CA	Michigan.....	MI	Rhode Island.....	RI
Colorado.....	CO	Minnesota.....	MN	South Carolina.....	SC
Connecticut.....	CT	Mississippi.....	MS	South Dakota.....	SD
Delaware.....	DE	Missouri.....	MO	Tennessee.....	TN
District of Columbia.....	DC	Montana.....	MT	Texas.....	TX
Florida.....	FL	Nebraska.....	NE	Utah.....	UT
Georgia.....	GA	Nevada.....	NV	Vermont.....	VT
Hawaii.....	HI	New Hampshire.....	NH	Virginia.....	VA
Idaho.....	ID	New Jersey.....	NJ	Washington.....	WA
Illinois.....	IL	New Mexico.....	NM	West Virginia.....	WV
Indiana.....	IN	New York.....	NY	Wisconsin.....	WI
Iowa.....	IA	North Carolina.....	NC	Wyoming.....	WY
Kansas.....	KS	North Dakota.....	ND		
Kentucky.....	KY	Ohio.....	OH		

FEDERAL WITHHOLDING

Copies of the Internal Revenue Service *Employee's Personal Allowance Worksheet* for Form W-4 can be obtained from the OFP, Employee Services, B215 Longworth HOB, Washington, DC 20515.



U.S. House of Representatives Direct Deposit Enrollment Form

New Application

Financial Institution or Salary Allotment Change

Complete each relevant section in its entirety. Box I, Employee Information, is mandatory, with the exception of email address. Failure to provide the requested information may delay or prevent the receipt of payments.

Print clearly or type and attach a copy of a voided check to ensure the accuracy of the routing and account numbers.

I. Employee Information: Member Staff

Name:		
Address:		
City:	State	Zip:
E-Mail Address: (To receive notification of expense reimbursements)		
Daytime Telephone Number:	Evening Telephone Number:	
Social Security Number:		
Employing Office:		
SIGNATURE:		Date:

II. Financial Institution Information

Use this information for (check one):

Net Salary Deposits

Expense Reimbursements

Both

Type of Account: Checking or Savings

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution Name:

Financial Institution Address:

Financial Institution Telephone Number:

Routing Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(First 9 digits on bottom left corner of check)

III. Salary Allotment Information

Check one below:

New

Change Existing

Cancel

Type of Account: Checking or Savings

Amount \$ _____

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution Name:

Financial Institution Address:

Financial Institution Telephone Number:

Routing Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(First 9 digits on bottom left corner of check)

IV. Alternate Financial Institution Information

Complete only if your Expense Reimbursements are to be deposited to another financial institution.

Type of Account: Checking or Savings

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Financial Institution Name:

Financial Institution Address:

Financial Institution Telephone Number:

Routing Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(First 9 digits on bottom left corner of check)

Return completed form to: U.S. House of Representatives, B-215 Longworth House Office Building, Washington, D.C. 20515.

Fax 202-226-2021

Refer net salary deposit questions to 202-225-3644 for Members or 202-225-1435 for Staff; expense reimbursement questions to 202-226-2277.

U.S. House of Representatives
Washington, D.C. 20515

**Certificate of Relationship/Nonrelationship to
Any Current Member of Congress**

Date _____

To: _____
(Employing Authority)

- ☐ I certify that I do not have any of the following relationships to any current Member of Congress.

father
mother
son
daughter
brother
sister
uncle
aunt
first cousin

nephew
niece
husband
wife
father-in-law
mother-in-law
son-in-law
daughter-in-law
brother-in-law

sister-in-law
stepfather
stepmother
stepson
stepdaughter
stepbrother
stepsister
half-brother
half-sister

- ☐ I certify that I am the _____ of the
(Relationship)

Honorable _____
(Name of Member to whom related)

(Employee)

U.S. House of Representatives Principles of Behavior for Information System Users

GUIDELINES FOR USE OF INFORMATION SYSTEMS

The following principles apply to House employees and contractors using or providing support for House information systems. Additional guidance unique to specialized systems may be provided as needed. These principles are based on Federal law, the House Code of Official Conduct, Committee on House Administration (CHA) Regulations, and House Information Security Policies (HISPOLs). At the discretion of the Employing Authority, there may be consequences for non-compliance.

USERS ARE RESPONSIBLE FOR ALL ACTIONS PERFORMED WITH THEIR PERSONAL USER ID.

- Users shall make every effort to protect information security through effective use of user IDs and passwords.
- User IDs and passwords are for individual use only.
- Users must not disclose their passwords to anyone. Users must take necessary steps to prevent anyone from gaining knowledge of their passwords.

REGULATIONS, POLICIES, AND PROCEDURES MUST BE FOLLOWED.

- House information systems may not be used contrary to public law, House Rules, CHA regulations, and HISPOLs.
- All computer resources assigned, controlled, assessed, and maintained by House employees and contractors are subject to periodic test, review, and audit.

ACCESS TO INFORMATION MUST BE CONTROLLED.

- Users must access and use only information for which they have official authorization.
- Users must protect information from unauthorized disclosure or modification.
- Users must protect information so that it is available on a timely basis to meet House operational requirements.

USERS ARE RESPONSIBLE FOR THE PROPER USE OF COMPUTER RESOURCES.

- Users are accountable for their own actions and responsibilities related to information and information systems entrusted to them.
- Users must protect computer equipment from damage, abuse, theft, sabotage, and unauthorized use.
- Users must use approved software in a safe manner so that it is protected from damage, abuse, theft, sabotage, and unauthorized replication or use (copyright infringement).
- Users must participate in annual security awareness training to ensure their knowledge of current policies and procedures.
- Users must report suspected security violations, incidents, and vulnerabilities to the Information Systems Security Office.

USER CERTIFICATION

I certify that I have read the above statements, fully understand my responsibilities, and agree to comply. I recognize that any violation of the requirements indicated above may be cause for disciplinary actions.

Name (please print): _____

Signature: _____

Date: _____